

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025628

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6208

STATE FILE NUMBER

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b
22 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

c. CITY OR TOWN

ST. LOUIS

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LUKE'S

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4126 PECK ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

IRA

Middle

L.

Last

BAIRD

4. DATE OF DEATH

Month

6

Day

10

Year

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-28-1903

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHAUFFEUR

10b. KIND OF BUSINESS OR INDUSTRY

DRAYAGE CO.

11. BIRTHPLACE (City and state or country)

E. ST. LOUIS, ILL.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN BAIRD

13b. MOTHER'S MAIDEN NAME

MAE ROBERTS

14. NAME OF HUSBAND OR WIFE

HAZEL BAIRD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HAZEL BAIRD 4126 PECK ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis - Generalized

INTERVAL BETWEEN ONSET AND DEATH

4-10 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-59 to 6-10-63 and last saw him alive on 6-10-63. Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

4943 Natural Bridge

22c. DATE SIGNED

6-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

6-13-1963

23c. NAME OF CEMETERY OR CREMATORY

ZION CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR

ADDRESS

SUEDMEYER & SONS 3934 N. 20TH ST.

25. DATE RECD. BY LOCAL REG.

JUN 12 1963

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.